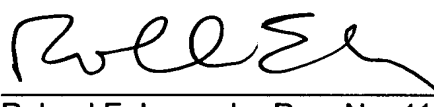




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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES   |   | Docket Number<br>1506-1002 |                                  |   |                                    |          |  |          |                                     |            |  |            |
|---|---|----------------------------|----------------------------------|---|------------------------------------|----------|--|----------|-------------------------------------|------------|--|------------|
| Applicant(s): Peter AHNBLAD et al.  | Conf.: 3709                                 |                            |                                  |   |                                    |          |  |          |                                     |            |  |            |
| Application #: 10/069,595   | Filed: June 4, 2002                         |                            |                                  |   |                                    |          |  |          |                                     |            |  |            |
| Title: NASAL RINSER AND OUTLET PORTION THEREFOR   |   |                            |                                  |   |                                    |          |  |          |                                     |            |  |            |
| Group Art Unit: 3767  | Examiner: E. MacNeill                       |                            |                                  |   |                                    |          |  |          |                                     |            |  |            |
| <p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner dated <b>May 24, 2007</b> rejecting the following claims: <b>1,3-8 and 21-28</b>.</p> <p>The fee for this Notice of Appeal is: <span style="float: right;">\$510.00</span></p> <p>If I have checked one of the boxes below, then this is also a petition for an extension of time under 37 CFR 1.136(a) to reply to the rejection:</p> <table><thead><tr><th>Extension of time requested for:</th><th>Non-small entity fee for extension of time:</th></tr></thead><tbody><tr><td><input type="checkbox"/> - 1 Month</td><td>\$120.00</td></tr><tr><td><input checked="" type="checkbox"/> - 2 Months</td><td>\$460.00</td></tr><tr><td><input type="checkbox"/> - 3 Months</td><td>\$1,050.00</td></tr><tr><td><input type="checkbox"/> - 4 Months (if available)</td><td>\$1,640.00</td></tr></tbody></table> <p>The sum of the fee for the Notice of Appeal and the fee for any extension of time is: <span style="float: right;">\$970</span></p> <p><input checked="" type="checkbox"/> Applicant claims <b>small entity</b> status. See 37 CFR 1.27.<br/>Therefore, the fee shown above is reduced by half, and the resulting fee is: <b>\$485</b></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to our credit card set forth in the attached Credit Card Payment Form.</p> <p style="text-align: right;">Respectfully submitted,</p> <p style="text-align: right;">YOUNG &amp; THOMPSON</p> <p style="text-align: right;"></p> <p style="text-align: right;">Roland E. Long, Jr., Reg. No. 41,949<br/>745 South 23<sup>rd</sup> Street<br/>Arlington, VA 22202<br/>Telephone (703) 521-2297<br/>Telefax (703) 685-0573<br/>(703) 979-4709</p> <p>REL/mjr</p> |   |                            | Extension of time requested for: | Non-small entity fee for extension of time: | <input type="checkbox"/> - 1 Month | \$120.00 | <input checked="" type="checkbox"/> - 2 Months | \$460.00 | <input type="checkbox"/> - 3 Months | \$1,050.00 | <input type="checkbox"/> - 4 Months (if available) | \$1,640.00 |
| Extension of time requested for:  | Non-small entity fee for extension of time: |                            |                                  |   |                                    |          |  |          |                                     |            |  |            |
| <input type="checkbox"/> - 1 Month  | \$120.00                                    |                            |                                  |   |                                    |          |  |          |                                     |            |  |            |
| <input checked="" type="checkbox"/> - 2 Months  | \$460.00                                    |                            |                                  |   |                                    |          |  |          |                                     |            |  |            |
| <input type="checkbox"/> - 3 Months   | \$1,050.00                                  |                            |                                  |   |                                    |          |  |          |                                     |            |  |            |
| <input type="checkbox"/> - 4 Months (if available)  | \$1,640.00                                  |                            |                                  |   |                                    |          |  |          |                                     |            |  |            |

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